



Retiree RxCare

Formulario de terapia escalonada de cinco niveles para 2025

(Lista de Medicamentos Cubiertos)

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE ALGUNOS DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

ID del formulario No. 25485, Versión 10

Este formulario se actualizó el 04/01/2025. No hemos realizado cambios a este formulario Desde el 04/01/2025. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una listado u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1- 855-693-3921 Los usuarios de TTY deben llamar al 711, 24 horas al día, 7 días a la semana, o visitar <http://retireerxcarepdp.com>.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documentopara asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa Retiree RxCare. Cuando se refiere a "plan" o "nuestro plan", significa Retiree RxCare.

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 04/01/2025. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Debe usar nerviosamente las farmacias de la red para usar su beneficio de medicamentos recetados. Beneficios. El formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de Enero de 2025 y de vez en cuando durante el año.

Retiree RxCare es un Plan de Medicamentos Recetados (PDP) con un contrato de Medicare. La inscripción en Retiree RxCare depende de la renovación del contrato.

Esta información está disponible gratuitamente en otros idiomas. Por favor, llame a nuestro número de Atención al Cliente arriba. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

¿Qué es el formulario para jubilados de RxCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por Retiree RxCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Retiree RxCare cubrirá

generosamente los medicamentos enumerados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Retiree RxCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero Retiree RxCare puede agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- Nuevos medicamentos genéricos. Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costos compartidos o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero immeditar lo a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de RxCare para jubilados?"
- Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- Otros cambios. Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y / o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.

- Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Retiree RxCare?"

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro formulario 2025 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarían, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir del 04/01/2025, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Dolencia

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Cardiovascular, hipertensión / lípidos". Si sabe para qué se usa su medicamento, busque el nombre de la categoría y en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 114. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Retiree RxCare cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como que tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y los límites pueden incluir:

Autorización previa: Retiree RxCare requiere que usted o su médico obtengan información previa Autorización para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento

Límites de cantidad: Para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que El jubilado RxCare cubrirá. Por ejemplo, Retiree RxCare proporciona 30 tabletas por 30 días durante Zolpidem tartrato 10mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

B/D: Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Se requiere información adicional de usted o de su médico para hacer una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, Retiree RxCare puede no cubrir el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.

ST: Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestra autorización previa y las restricciones de la terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Puede pedirle a Retiree RxCare que presente una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su condición de salud. Consulte la sección "¿Cómo solicito una excepción al formulario de Retiree RxCare?" en la página siguiente para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con nuestro Centro de contacto y preguntar si su medicamento está cubierto.

Si se entera de que Retiree RxCare no cubre su medicamento, tiene dos opciones:

- Puede solicitar a nuestro Centro de contacto una lista de medicamentos similares que están cubiertos por Retiree RxCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Retiree RxCare.
- Puede pedirle a Retiree RxCare que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de RxCare para jubilados?

Puede pedirle a Retiree RxCare que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de Excepciones que puede solicitarnos que hagamos.

Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costos compartidos, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costos compartidos más bajo.

Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, si este medicamento no está en el nivel de especialidad. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.

- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos

Generalmente, Retiree RxCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no serían tan efectivas para tratar su condición y / o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de formulario, niveles o utilización.

Cuando solicite un formulario, organización por niveles o restricción de utilización, debe presentar una declaración de su médico o médico que respalde su solicitud. En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si su médico cree que su salud podría verse seriamente perjudicada al esperar hasta 72 horas para tomar una decisión. Si se concede su solicitud de aceleración, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico o de su médico.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción? Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar la forma correcta de acción para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días (a menos que tenga una receta escrita por menos días) cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos proporcionado un suplemento de transición de 30 días, consistente con el incremento de dispensación, (a menos que tenga una receta escrita por menos días). Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tenga una receta por menos días) mientras busca una excepción de fórmula.

Para los miembros actuales, que están en un centro de atención a largo plazo o que están pasando por cambios en el nivel de atención, Retiree RxCare permitirá un suministro de medicamentos para hasta un mes.

Ejemplos de cambios en el nivel de atención pueden incluir:

Alta de un hospital a un entorno domiciliario (es decir, vida asistida, atención a largo plazo (LTC) o hogar privado) acompañada de una lista de medicamentos que no siempre pueden considerar la lista de medicamentos del plan debido a la naturaleza a corto plazo de la visita al hospital.

- Terminación de una estadía en un centro de enfermería especializada de la Parte A de Medicare (donde los pagos incluyen todos los cargos de farmacia)
- Desafiliación de hospicio
- Dejar una estadía en un centro de atención a largo plazo y regresar a la comunidad
- Alta de hospitales psiquiátricos con regímenes de medicamentos que son altamente individualizados

Para más información

Para obtener información más detallada sobre su furia por los medicamentos recetados Retiree RxCare, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 114.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos con nombre de Brand están en mayúsculas (por ejemplo, SYNTHROID) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, simvastatina).

La información en la columna Requisitos/Límites le indica si Retiree RxCare tiene algún requisito especial para la cobertura de su medicamento.

Respetar los requisitos/límites

Nivel	Nombre
1	Genéricas preferidas
2	Genéricas
3	Marcas preferidas
4	Medicamentos no preferidos
5	Medicamentos de Especialidad

Abreviatura	Definición
PA Autorización previa	Retiree RxCare requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento.
B/D Parte B de Medicare	Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Es posible que usted o su médico le soliciten información adicional para tomar una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.
QL Límites de cantidad	Este medicamento tiene restricciones o un límite de cantidad en la cantidad de dosis que pueden estar cubiertas para un suministro de un día específico. Los límites de cantidad son por su propia seguridad y para garantizar el uso adecuado del medicamento. Si su recetador solicita una cantidad mayor que el límite específico, puede solicitar una autorización para que el plan cubra la cantidad prescrita.
ST Terapia escalonada	Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

CY25 AMWINS 5-TIER (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
<i>butalbital-acetaminophen-caffe</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
<i>tencon</i>	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	2	QL (30 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	2	PA
<i>diclofenac pot 50 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	2	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	2	
<i>diclofenac sodium er</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac-misoprost 50-0.2 mg</i>	2	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	2	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>etodolac er (400 mg tablet, 500 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>indomethacin er</i>	2	QL (60 PER 30 DAYS)
<i>ketorolac 10 mg tablet</i>	2	
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	2	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>naproxen dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	3	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	2	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	2	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	5	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	2	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	2	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol 10 mg/ml spray</i>	2	QL (48 PER 30 DAYS)
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	2	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>endocet 10-325 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	5	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate otc 200 mcg</i>	2	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	2	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	2	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	2	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	2	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	4	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	2	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	2	PA
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	2	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	2	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	2	QL (2700 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	3	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	2	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	2	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	2	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine-prilocaine</i>	2	PA, QL (60 PER 30 DAYS)
LIDOCAN II	2	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocan iv</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)
ZTLIDO	4	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</i>	2	QL (60 PER 30 DAYS)
<i>naltrexone 50 mg tablet</i>	2	
SUBLOCADE	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	4	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (120 PER 30 DAYS)
VIVITROL	5	

Opioid Reversal Agents

KLOXXADO	4	
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	2	
NARCAN	4	
OPVEE	4	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	2	

Antibacterials

Aminoglycosides

<i>amikacin sulfate</i>	2	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	2	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	4	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	2	
HUMATIN	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	4	
<i>tobramycin 20 mg/2 ml vial</i>	3	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	2	
Antibacterials, Other		
AZACTAM	4	
<i>aztreonam 1 gm vial</i>	2	
<i>aztreonam 2 gm vial</i>	5	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)	4	
CLEOCIN T 1% LOTION	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)</i>	2	
<i>clindamycin phosphate-d5w</i>	2	
<i>clindamycin-0.9% nacl</i>	2	
<i>colistimethate</i>	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>daptomycin 500 mg vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
<i>linezolid 100 mg/5 ml susp</i>	5	PA
<i>linezolid 600 mg tablet</i>	2	PA
<i>linezolid-0.9% nacl</i>	2	
<i>linezolid-d5w</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	2	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	1	
<i>metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)</i>	2	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-macro</i>	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
<i>tigecycline</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim 100 mg tablet</i>	2	
TYGACIL	5	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	2	
<i>vancomycin hcl (1.75 vial, 2 vial)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	2	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	5	PA
ZYVOX 600 MG/300 ML-D5W	4	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	2	
<i>cefepime</i>	2	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	2	
<i>cefepime-dextrose</i>	2	
<i>cefixime 400 mg capsule</i>	2	
<i>cefoxitin</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	2	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	2	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial)</i>	2	
<i>ceftriaxone 250 mg vial</i>	1	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	2	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	2	
<i>cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)</i>	1	
<i>tazicef</i>	2	
TEFLARO	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	4	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	2	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	2	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	2	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
EXTENCILLINE	4	
<i>lentocilin s</i>	4	
<i>nafcillin</i>	2	
<i>nafcillin sodium</i>	2	
<i>pen g k 2 million unit/50 ml</i>	3	
<i>pen g k 3 million unit/50 ml</i>	4	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>	2	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	2	
ZOSYN 2.25 GM/50 ML GALAXY BAG	4	
Carbapenems		
<i>ertapenem</i>	2	
<i>imipenem-cilastatin 250 mg vl</i>	3	
<i>imipenem-cilastatin 500 mg vl</i>	2	
INVANZ	4	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	2	
<i>meropenem-0.9% nacl</i>	2	
Macrolides		
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)</i>	2	
<i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 1 gm pwd packet</i>	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	2	
<i>clarithromycin er</i>	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
<i>ery</i>	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>erythromycin lactobionate</i>	2	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	4	
ZITHROMAX TRI-PAK	4	

Quinolones

CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w</i>	2	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	2	
<i>levofloxacin-d5w</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	2	
<i>ofloxacin 400 mg tablet</i>	2	

Sulfonamides

BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	5	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	2	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tetracyclines		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA	5	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	2	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)</i>	2	
<i>divalproex sodium er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	2	
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	4	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	4	
KEPPRA 1,000 MG TABLET	5	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	4	
LAMICTAL (BLUE)	4	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	2	
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	2	
<i>levetiracetam er</i>	2	
<i>roweepra 500 mg tablet</i>	2	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>topiramate (15 mg cap, 25 mg cap)</i>	2	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	2	

Calcium Channel Modifying Agents

CELONTIN	4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	2	
<i>methsuximide</i>	2	
ZARONTIN 250 MG CAPSULE	4	

Gamma-aminobutyric Acid (GABA) Modulating Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	2	QL (5 PER 30 DAYS)
<i>diazepam 2.5mg rectal gel(2pk)</i>	4	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (135 PER 30 DAYS)
LIBERVANT	5	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	4	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
<i>primidone 125 mg tablet</i>	4	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5	QL (180 PER 30 DAYS)
VIGAFYDE	5	QL (750 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
<i>dilantin (, 30 mg capsule, 100 mg capsule)</i>	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	2	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	2	
PHENYTEK	2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	
<i>rufinamide 200 mg tablet</i>	2	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT 50 MG TABLET	4	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	
XCOPRI 12.5-25 MG TITRATION PK	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY	4	
ARICEPT (5 MG TABLET, 10 MG TABLET)	4	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	2	
EXELON	4	
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	4	
<i>rivastigmine</i>	2	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	2	PA
<i>memantine hcl er</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NAMENDA	4	PA

Antidepressants

Antidepressants, Other

AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	5	PA, QL (30 PER 30 DAYS)
MARPLAN	4	
NARDIL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PARNATE	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)

CELEXA (10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	2	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	2	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE DR 30 MG CAP	4	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	2	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	4	QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	2	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	4	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	3	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	4	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	2	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	2	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	5	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone 300 mg tablet</i>	2	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	2	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	2	
<i>imipramine hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	2	PA
<i>compro</i>	2	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>perphenazine</i>	2	PA
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	2	PA
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	2	PA
<i>scopolamine</i>	2	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	2	PA
<i>dronabinol</i>	2	PA
EMEND (80 MG CAPSULE, TRIPACK)	4	PA
<i>granisetron hcl 1 mg tablet</i>	2	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</i>	2	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	2	
Antifungals		
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
CANCIDAS	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>caspofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	2	
CRESEMBA	5	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	4	
<i>econazole nitrate</i>	2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	2	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	2	
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	4	
<i>micafungin</i>	2	
<i>micafungin-0.9% nacl</i>	4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	5	PA
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
<i>nyamyc</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	2	
<i>nystop</i>	2	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	5	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	2	
VFEND IV	4	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	2	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine 0.6 mg tablet</i>	2	
COLCRYS	4	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

Antimigraine Agents

<i>dihydroergotamine 4 mg/ml sphy</i>	5	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	2	
MIGRANAL	5	PA, QL (8 PER 28 DAYS)

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	4	ST, QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	5	QL (6 PER 30 DAYS)
MAXALT	4	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	2	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	2	
<i>pyridostigmine bromide er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	2	
MYCOBUTIN	4	
<i>rifabutin</i>	2	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hcl</i>	2	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	2	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	2	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	3	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	5	
MATULANE	5	PA
VALCHLOR	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
NILANDRON	5	
<i>nilutamide</i>	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	5	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers		
FARESTON	5	
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimetabolites		
<i>mercaptopurine 50 mg tablet</i>	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
HYDREA	4	
<i>hydroxyurea</i>	2	
INQOVI	5	PA, QL (5 PER 28 DAYS)
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
LYSODREN	5	
NIPENT	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	5	
AROMASIN	5	
<i>exemestane</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FEMARA	4	
<i>letrozole</i>	1	
Enzyme Inhibitors		
IWILFIN	5	PA, QL (240 PER 30 DAYS)
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
DANZITEN	5	PA, QL (112 PER 28 DAYS)
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	5	PA, QL (168 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GOMEKLI 2 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
IMKELDI	5	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TABLET	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
NINLARO	5	PA, QL (3 PER 28 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TABLET	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

KANJINTI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RIABNI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
ZIRABEV	5	PA

Retinoids

<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA
PANRETIN	5	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	PA
<i>tretinoin 10 mg capsule</i>	5	PA

Treatment Adjuncts

<i>mesna 400 mg tablet</i>	5	
MESNEX 400 MG TABLET	5	

Antiparasitics

Anthelmintics

<i>albendazole 200 mg tablet</i>	2	
<i>benznidazole</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMEKTOL	4	PA
Antiprotozoals		
<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate</i>	2	
MALARONE	4	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	PA
<i>nitazoxanide 500 mg tablet</i>	5	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine 300 mg inhal powdr</i>	2	PA
<i>pentamidine 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	PA
<i>quinine sulfate</i>	2	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	2	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	PA
<i>carbidopa-levodopa-entacapone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMTAN	4	
<i>entacapone</i>	2	
TASMAR	5	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	2	PA

Dopamine Agonists

APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET 10-100	4	
SINEMET 25-100	4	

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET	4	
AZILECT 1 MG TABLET	5	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine 2.5 mg/ml vial</i>	4	PA
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	3	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA
<i>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	5	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine (7.5 mg tablet, 10 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	3	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	2	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	2	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)

Antipsychotics, Other

COBENFY	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5	PA, QL (56 PER 28 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	3	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine</i>	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 PER 30 DAYS)

Anti-HIV Agents, Other

FUZEON	5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TYBOST	3	QL (30 PER 30 DAYS)

Anti-HIV Agents, Protease Inhibitors

APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	2	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
<i>valganciclovir 450 mg tablet</i>	2	
<i>valganciclovir hcl 50 mg/ml</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
ZEPATIER	5	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	2	QL (84 PER 365 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)

Antiherpetic Agents

<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	2	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	2	
<i>valacyclovir</i>	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	PA

Antiviral, Coronavirus agents

PAXLOVID 150-100 MG DOSE PACK	2	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 DAYS)

Anxiolytics

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alprazolam xr 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>bupirone hcl 7.5 mg tablet</i>	1	
<i>chlordiazepoxide 25 mg capsule</i>	2	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	PA, QL (120 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	2	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	2	PA
<i>hydroxyzine pamoate</i>	2	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	2	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	2	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Bipolar Agents		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	4	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>ft sterile pads 2" x 2"</i>	3	PA
<i>gauze pads & dressings - pads 2 x 2</i>	3	PA
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	4	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptn-metform er 2.5-1000</i>	2	QL (60 PER 30 DAYS)
SOLIQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	
SYMLINPEN 60	5	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)
<i>glucagon emergency kit</i>	2	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
PROGLYCEM	5	
Insulins		
HUMALOG	3	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS)
<i>insulin pen needle</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA
<i>insulin syringe (syr 0.5 ml, 1ml)</i>	3	PA
LANTUS	3	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS)
LYUMJEV	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN N	3	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN R	3	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG	3	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	3	PA, QL (1 PER 720 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omnipod classic pods (gen 3)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	3	PA, QL (10 PER 30 DAYS)
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	3	PA
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS)
<i>true comfort safety pen needle</i>	3	PA

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	2	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	2	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	2	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	5	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	4	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	
Blood Products and Modifiers, Other		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA
FULPHILA	5	PA
GRANIX	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEUKINE	5	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA

Hemostasis Agents

<i>tranexamic acid 650 mg tablet</i>	2
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Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	2
BRILINTA	3
CABLIVI	5
<i>cilostazol</i>	2
<i>clopidogrel 75 mg tablet</i>	1
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2
PLAVIX	4
<i>prasugrel hcl</i>	2

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	2
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	2	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA

Alpha-adrenergic Blocking Agents

CARDURA	4	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	2	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	5	
<i>prazosin hcl</i>	2	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	4	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	4	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	4	QL (30 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
MICARDIS	4	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE	4	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	
VASOTEC 20 MG TABLET	5	
ZESTRIL	4	

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluc er 324 mg tab</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sorine 80 mg tablet</i>	1	
<i>sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af (120 mg tablet, 160 mg tablet)</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
COREG CR	4	
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	4	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
TOPROL XL	4	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	2	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine 30 mg capsule</i>	2	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>	2	
<i>nisoldipine er 25.5 mg tablet</i>	3	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM	4	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)	4	
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)	5	
CARDIZEM LA	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
TIAZAC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	4	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	4	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	2	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	4	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	
<i>trandolapril-verapamil er</i>	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZESTORETIC	4	
ZIAC	4	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	2	
LASIX	4	
<i>torseamide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>fluvastatin er</i>	2	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	2	
<i>cholestyramine light (packet, powder)</i>	2	
COLESTID 1 GM TABLET	4	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ezetimibe</i>	2	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	4	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	4	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	2	
<i>prevalite (packet, powder)</i>	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	ST, QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)

Mineralocorticoid Receptor Antagonists

ALDACTONE	4	
<i>eplerenone</i>	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononit 10 mg tab</i>	2	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>	1	
NITRO-BID	4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	
VERQUVO	3	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	5	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	2	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	2	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	2	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	2	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	4	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
VEOZAH	4	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	5	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	2	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i> fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
SALAGEN	4	
<i>triamcinolone 0.1% paste</i>	2	

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteam</i>	2	
AVITA	2	PA
<i>azelaic acid 15% gel</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clind ph-benzoyl perox 1.2-5%</i>	2	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	2	
<i>doxycycline ir-dr</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	4	
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	2	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)</i>	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	2	PA
<i>zenatane</i>	2	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	1	
<i>alclometasone dipropionate</i>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented (crm, oin)</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	2	QL (210 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betamethasone va 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	2	QL (200 PER 28 DAYS)
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	2	PA
ELIDEL	4	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	2	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	2	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
PRUDOXIN	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	2	PA
<i>triamcinolone 0.025% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	2	QL (454 PER 30 DAYS)
<i>triderm 0.5% cream</i>	2	QL (454 PER 30 DAYS)
ZONALON	4	PA

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	
<i>fluorouracil (cream, topical soln)</i>	2	
<i>fluorouracil 2% topical soln</i>	3	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	2	PA
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	
SOOLANTRA	4	PA
Topical Anti-infectives		
<i>gentamicin sulfate (cream, ointment)</i>	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	2	
<i>mupirocin</i>	2	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	2	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucose 5%-0.9% nacl</i>	2	
<i>kcl 20 meq in d5w-lact ringer</i>	3	
<i>kcl 20 meq/l in d5w solution</i>	2	
<i>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	2	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	2	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium citrate er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	2	
<i>sodium chloride 0.9%-water</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	4	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	5	PA
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 90 mg tablet</i>	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>dextrose 10%-water iv solution</i>	1	
<i>dextrose in water (50 ml, 100 ml, 250 ml, 1,000 ml, iv soln)</i>	2	
<i>glucose in water (50 ml, 100 ml)</i>	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
TRAVASOL	4	PA
TROPHAMINE	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Potassium Binders		
<i>kionex</i>	2	
<i>sodium polystyrene sulf powder</i>	2	
SPS	2	
VELTASSA	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	5	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	2	PA
<i>loperamide 2 mg capsule</i>	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	2	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	2	
<i>methscopolamine bromide</i>	2	
Gastrointestinal Agents, Other		
<i>bismuth-metronidazole-tetracyc</i>	2	
CHENODAL	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MOVIPREP	4	
MYALEPT	5	PA
OCALIVA	5	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	4	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
VOWST	5	PA, QL (12 PER 56 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine 40 mg/5 ml susp</i>	2	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	ST, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROTONIX DR 40 MG TABLET	4	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	
CYSTAGON	4	PA
ELELYSO	5	PA
ENDARI	5	PA
KUVAN	5	PA
<i>l-glutamine 5 gram powder pkt</i>	5	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	2	
<i>levocarnitine sf</i>	2	
<i>miglustat</i>	5	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCIVI	5	
<i>sapropterin dihydrochloride</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium phenylbutyrate (500mg tb, powder)</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
WELIREG	5	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (180 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	2	QL (30 PER 30 DAYS)
DETROL	4	ST, QL (60 PER 30 DAYS)
DETROL LA	4	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	2	QL (30 PER 30 DAYS)
GEMTESA	4	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	2	QL (30 PER 30 DAYS)
TOVIAZ	4	ST, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tropium chloride</i>	2	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	2	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA	3	
NEXPLANON	3	
SKYLA	4	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
DEPEN	5	
<i>penicillamine 250 mg tablet</i>	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	2	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>fludrocortisone acetate</i>	2	
HEMADY	4	
<i>hidex</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	
<i>methylprednisolone</i>	2	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	2	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	2	
<i>taperdex 6 day 1.5 mg tablet</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	2	
INCRELEX	5	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	5	PA
PREGNYL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL 1.62% GEL PUMP	4	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone 10 mg cap</i>	5	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	2	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	2	PA
<i>testosterone enanthate</i>	3	PA
Estrogens		
DEPO-ESTRADIOL	4	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	4	
<i>dotti</i>	2	
ESTRACE 0.01% CREAM	4	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)</i>	2	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	2	
ESTRING	4	
<i>lyllana</i>	2	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
VAGIFEM	4	
<i>yuvafem</i>	2	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
COMBIPATCH	4	
<i>cryselle</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>feirza</i>	2	
<i>femynor</i>	2	
<i>fyavolv 1 mg-5 mcg tablet</i>	2	
<i>gemmily</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lo-zumandimine</i>	2	
LOESTRIN	2	
LOESTRIN FE	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
<i>necon</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	2	
<i>norethin-eth estra-ferrous fum</i>	2	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	2	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>nylia</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia</i>	2	
PREMPHASE	3	
PREMPRO	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TYBLUME	3	
<i>tydemy</i>	2	
<i>valtya</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zafemy</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	2	
PROVERA	4	
<i>sharobel</i>	2	

Selective Estrogen Receptor Modifying Agents

DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	

Hormonal Agents, Suppressant (Adrenal or Pituitary)

<i>cabergoline</i>	2	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	5	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	4	PA
FIRMAGON	4	
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	2	PA
<i>leuprolide depot</i>	5	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	5	PA
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	5	PA
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	2	PA
<i>octreotide acetate er</i>	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	

Immunological Agents

Angioedema Agents

CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM	5	PA
GAMMAGARD LIQUID	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
THYMOGLOBULIN	5	PA

Immunological Agents, Other

ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ENTYVIO PEN	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	5	PA
TREMFYA PEN	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA

Immunostimulants

ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
PEGASYS	5	PA

Immunosuppressants

ASTAGRAF XL	4	PA
AZASAN	2	PA
<i>azathioprine</i>	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	2	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	4	PA
ENVARUSUS XR 4 MG TABLET	5	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA
<i>everolimus 0.25 mg tablet</i>	2	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	2	PA
HADLIMA	5	PA
HADLIMA PUSH TOUCH	5	PA
HADLIMA(CF)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA	5	PA
HUMIRA PEN	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	2	
<i>methotrexate (1 gm vial, 2.5 mg tablet)</i>	2	
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate 200 mg/ml susp</i>	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	2	PA
<i>mycophenolic acid</i>	2	PA
MYFORTIC 180 MG TABLET	4	PA
MYHIBBIN	5	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET)	4	PA
PROGRAF 5 MG CAPSULE	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMLANDI(CF)	5	PA
SIMLANDI(CF) AUTOINJECTOR	5	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	PA
<i>sirolimus (1 mg/ml oral soln, 1 mg/ml solution)</i>	4	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	2	PA
XATMEP	4	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA
ZORTRESS 0.25 MG TABLET	4	PA

Vaccines

ABRYSVO	1	QL (1 PER 365 OVER TIME)
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
YF-VAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	4	QL (120 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	5	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	2	
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Glucocorticoids		
<i>budesonide dr</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	5	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	2	
PROLIA	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	2	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	PA
SENSIPAR 30 MG TABLET	4	PA
TERIPARATIDE 620 MCG/2.48 ML	5	PA
TYMLOS	5	PA
XGEVA	5	PA

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	2	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	4	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX (DROPS, OINTMENT)	4	
<i>tobramycin-dexamethasone</i>	2	
XDEMVI	5	PA

Ophthalmic Anti-Infectives

<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BESIVANCE	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
<i>moxifloxacin (drops, drp-visc)</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	2	
<i>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	3	
VIGAMOX	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	2	
<i>dexamethasone 0.1% eye drop</i>	2	
<i>diclofenac 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	3	
PROLENSA	3	

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	2	
<i>timolol maleate 0.5% eye drops</i>	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P	3	
AZOPT	4	
<i>brimonidine 0.2% eye drop</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate 0.15% drp</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	

Ophthalmic Prostaglandin and Prostamide Analogs

<i>bimatoprost 0.03% eye drops</i>	2	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	2	QL (15 PER 75 OVER TIME)

Otic Agents

<i>acetic acid 2% ear solution</i>	2	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc ear susp</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin 0.3% ear drops</i>	2	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	2	PA
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)

Antihistamines

<i>azelastine 0.1% (137 mcg) spry</i>	2	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	2	
<i>clemastine fum 2.68 mg tablet</i>	4	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr)</i>	2	PA
<i>desloratadine 5 mg tablet</i>	2	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	2	QL (30.5 PER 30 DAYS)

Antileukotrienes

ACCOLATE	4	
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)</i>	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	2	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	2	PA
SPIRIVA HANDIHALER	4	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	2	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	2	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	2	
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	PA
<i>tobramycin 300 mg/5 ml ampule</i>	5	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	2	PA
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Phosphodiesterase Inhibitors, Airways Disease

DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	2	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	2	

Pulmonary Antihypertensives

ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>brey-na</i>	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Skeletal Muscle Relaxants		
<i>carisoprodol 350 mg tablet</i>	2	
<i>chlorzoxazone 500 mg tablet</i>	2	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>vanadom</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	2	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 PER 30 DAYS)
ROZEREM	4	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	2	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	5	PA, QL (28 PER 28 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	5	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Alphabetical Listing

A

abacavir	46	AKEEGA	31
abacavir-lamivudine	46	ALA-CORT	74
ABILIFY	40	albendazole	37
ABILIFY ASIMTUFII	40	albuterol hfa 90 mcg inhaler (generic proair hfa)	109
ABILIFY MAINTENA	40	albuterol hfa 90 mcg inhaler (generic proventil hfa)	109
abiraterone acetate	29	albuterol sulfate	109
ABRYSVO	100	alclometasone dipropionate	74
acamprosate calcium	6	ALDACTONE	69
acarbose	52	ALECENSA	31
ACCOLATE	108	alendronate sodium	103
accutane	73	alfuzosin hcl er	85
acebutolol hcl	62	aliskiren	64
acetaminophen-codeine	4	allopurinol	26
acetazolamide	64	alosetron hcl	80
acetazolamide er	64	ALPHAGAN P	106
acetic acid	107	alprazolam	50
acetylcysteine	111	alprazolam er	50
acitretin	73	alprazolam xr	50,51
ACTHAR	85	ALTACE	61
ACTHAR SELFJECT	85	altavera	88
ACTHIB	100	ALUNBRIG	31
ACTIMMUNE	98	alyacen	88
ACTOS	52	amabelz	88
ACULAR	105	amantadine	38
ACULAR LS	105	AMBISOME	24
acyclovir	50	ambrisentan	110
acyclovir sodium	50	amethia	88
ADACEL TDAP	100	amethyst	88
ADCIRCA	110	amikacin sulfate	7
ADDERALL XR	70	amiloride hcl	67
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	65
ADEMPAS	110	amiodarone hcl	61
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	63
AFINITOR	31	amlodipine besylate-benazepril	65
AFINITOR DISPERZ	31	amlodipine-atorvastatin	65
afirmelle	88	amlodipine-olmesartan	65
AGRYLIN	58	amlodipine-valsartan	65
AIMOVIG AUTOINJECTOR	26	amlodipine-valsartan-hctz	65

ammonium lactate	74	ashlyna	88
amnesteem	73	ASMANEX	108
amoxapine	23	ASMANEX HFA	108
amoxicillin	11	aspirin-dipyridamole er	59
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	98
amoxicillin-clavulanate potass	11	ATACAND	60
amphotericin b	24	ATACAND HCT	65
amphotericin b liposome	24	atazanavir sulfate	48
ampicillin sodium	11	ATELVIA	103
ampicillin trihydrate	11	atenolol	62
ampicillin-sulbactam	11	atenolol-chlorthalidone	65
AMPYRA	72	ATGAM	96
anagrelide hcl	58	atomoxetine hcl	71
anastrozole	30	atorvastatin calcium	68
ANDROGEL	87	atovaquone	38
ANORO ELLIPTA	111	atovaquone-proguanil hcl	38
APOKYN	39	atropine sulfate	104
apomorphine hcl	39	ATROVENT HFA	109
aprepitant	24	aubra	88
apri	88	aubra eq	88
APRISO	102	AUGTYRO	31
APTIOM	18	aurovela	88
APTIVUS	48	aurovela 24 fe	88
aqua care sodium chloride	77	aurovela fe	88
aranelle	88	AUSTEDO	72
ARANESP	58	AUSTEDO XR	72
ARCALYST	97	AUSTEDO XR TITRATION KT(WK1-4)	72
AREXVY	100	AUVELITY	20
ARICEPT	19	AVALIDE	65
ARIKAYCE	7	AVAPRO	60
ARIMIDEX	30	aviane	88
aripiprazole	40,41	avidoxy	14
aripiprazole odt	41	AVITA	73
ARISTADA	41	AVODART	85
ARISTADA INITIO	41	AVONEX	72
armodafinil	112	AVONEX PEN	72
ARNUIITY ELLIPTA	107	ayuna	88
AROMASIN	30	AYVAKIT	31
ARTHROTEC 50	2	AZACTAM	8
ARTHROTEC 75	2	AZASAN	98
asenapine maleate	41	azathioprine	98

azelaic acid	73	betaxolol hcl	62,106
azelastine hcl	105,108	bethanechol chloride	85
AZELEX	73	BETOPTIC S	106
AZILECT	39	bexarotene	37
azithromycin	12	BEXSERO	100
AZOPT	106	bicalutamide	29
AZOR	65	BICILLIN L-A	11
aztreonam	8	BIKTARVY	45
AZULFIDINE	102	BILTRICIDE	38
azurette	88	bimatoprost	107
B		bismuth-metronidazole-tetracyc	81
bacitracin	104	bisoprolol fumarate	62
bacitracin-polymyxin	104	bisoprolol-hydrochlorothiazide	65
baclofen	45	blisovi 24 fe	88
BACTRIM	13	blisovi fe	88
BACTRIM DS	13	BOOSTRIX TDAP	100
balsalazide disodium	102	bosentan	110
BALVERSA	31	BOSULIF	31
balziva	88	BRAFTOVI	31
BANZEL	18	BREO ELLIPTA	111
BAQSIMI	55	breyna	111
BARACLUDE	49	BREZTRI AEROSPHERE	111
BCG VACCINE (TICE STRAIN)	100	briellyn	89
BELBUCA	4	BRILINTA	59
BELSOMRA	112	brimonidine tartrate	106,107
benazepril hcl	61	brimonidine tartrate-timolol	104
benazepril-hydrochlorothiazide	65	brinzolamide	107
BENICAR	60	BRIVIACT	14
BENICAR HCT	65	bromfenac sodium	105
BENLYSTA	97	bromocriptine mesylate	39
BENZAMYCIN	73	BRUKINSA	31
benznidazole	37	budesonide	108
benztropine mesylate	38	budesonide dr	103
BESIVANCE	105	budesonide ec	103
BESREMI	98	budesonide er	103
betaine anhydrous	83	budesonide-formoterol fumarate	111
betamethasone diprop augmented	74	bumetanide	67
betamethasone dipropionate	74	BUPHENYL	83
betamethasone valerate	75	buprenorphine	4
BETASERON	72	buprenorphine hcl	6
		buprenorphine-naloxone	6,7

bupropion hcl	20	CARDIZEM	64
bupropion hcl sr	7,20	CARDIZEM CD	64
bupropion hcl sr 150mg tablet	20	CARDIZEM LA	64
bupropion xl	20	CARDURA	60
bupirone hcl	51	carglumic acid	77
butalbital-acetaminophen	2	carisoprodol	112
butalbital-acetaminophen-caffe	2	CARNITOR	83
butalbital-aspirin-caffeine	2	CARNITOR SF	83
butorphanol tartrate	4	carteolol hcl	106
BUTRANS	4	cartia xt	64
BYDUREON BCISE	52	carvedilol	62
BYSTOLIC	62	carvedilol er	62
C		CASODEX	29
cabergoline	95	casprofungin acetate	25
CABLIVI	59	CAYSTON	109
CABOMETYX	31	cefaclor	9
calcipotriene	76	cefadroxil	10
calcitonin-salmon	103	cefazolin sodium	10
calcitrene	76	cefazolin sodium-dextrose	10
calcitriol	103	cefdinir	10
CALQUENCE	31	cefepime	10
camila	93	cefepime hcl	10
camrese	89	cefepime-dextrose	10
camrese lo	89	cefixime	10
CANASA	102	cefoxitin	10
CANCIDAS	24	cefoxitin sodium	10
candesartan cilexetil	60	cefpodoxime proxetil	10
candesartan-hydrochlorothiazid	65	cefprozil	10
CAPLYTA	41	ceftazidime	10
CAPRELSA	32	ceftriaxone	10
captopril	61	cefuroxime	10
CARAFATE	82	cefuroxime sodium	10
CARBAGLU	77	CELEBREX	2
carbamazepine	18	celecoxib	2
carbamazepine er	18	CELEXA	21
CARBATROL	18	CELLCEPT	98
carbidopa	39	CELONTIN	16
carbidopa-levodopa	39	cephalexin	10
carbidopa-levodopa er	39	CEREZYME	83
carbidopa-levodopa-entacapone	38	cetirizine hcl	108
		cevimeline hcl	73

chateal	89	clindamycin-0.9% nacl	8
chateal eq	89	clindamycin-benzoyl peroxide	74
CHEMET	79	clobazam	16
CHENODAL	81	clobetasol emollient	75
chlordiazepoxide hcl	51	clobetasol propionate	75
chlorhexidine gluconate	73	clodan	75
chloroquine phosphate	38	clomipramine hcl	23
chlorpromazine hcl	24	clonazepam	51
chlorthalidone	67	clonidine	59
chlorzoxazone	112	clonidine hcl	60
cholestyramine	68	clonidine hcl er	71
cholestyramine light	68	clopidogrel	59
CHORIONIC GONADOTROPIN	86	clorazepate dipotassium	51
ciclodan	25	clotrimazole	25
ciclopirox	25	clotrimazole-betamethasone	76
cilostazol	59	clozapine	44
CIMDUO	46	clozapine odt	44,45
cimetidine	82	CLOZARIL	45
cinacalcet hcl	103	COARTEM	38
CINRYZE	96	COBENFY	44
CIPRO	13	COBENFY STARTER PACK	44
CIPRODEX	107	codeine sulfate	4
ciprofloxacin hcl	13,105	COLAZAL	102
ciprofloxacin-d5w	13	colchicine	26
ciprofloxacin-dexamethasone	107	COLCRYS	26
citalopram hbr	21	COLESTID	68
claravis	73	colestipol hcl	68
clarithromycin	12	colistimethate	8
clarithromycin er	12	COMBIGAN	104
clemastine fumarate	108	COMBIPATCH	89
CLEOCIN	8	COMBIVENT RESPIMAT	111
CLEOCIN HCL	8	COMETRIQ	32
CLEOCIN PHOSPHATE	8	COMPLERA	46
CLEOCIN T	8	compro	24
clindacin etz	8	COMTAN	39
clindacin p	8	constulose	80
clindamycin (pediatric)	8	COPAXONE	72
clindamycin hcl	8	COPIKTRA	32
clindamycin phos-benzoyl perox	74	COREG CR	62
clindamycin phosphate	8	CORLANOR	65
clindamycin phosphate-d5w	8	CORTEF	85

COSENTYX (2 SYRINGES).....	97	DANZITEN.....	32
COSENTYX SENSOREADY (2 PENS).....	97	dapsone.....	28
COSENTYX SENSOREADY PEN.....	97	DAPTACEL DTAP.....	100
COSENTYX SYRINGE.....	97	daptomycin.....	8
COSENTYX UNOREADY PEN.....	97	DARAPRIM.....	38
COSOPT.....	104	darifenacin er.....	84
COTELLIC.....	32	darunavir.....	48
COZAAR.....	60	dasatinib.....	32
CREON.....	83	dasetta.....	89
CRESEMBA.....	25	DAURISMO.....	32
CRESTOR.....	68	DAYPRO.....	2
cromolyn sodium.....	83,105,110	daysee.....	89
cryselle.....	89	DAYVIGO.....	112
CRYSVITA.....	83	DDAVP.....	86
CUBICIN.....	8	deblitane.....	93
CUBICIN RF.....	8	deferasirox.....	79
cyclobenzaprine hcl.....	112	DELSTRIGO.....	46
cyclophosphamide.....	28	DELZICOL.....	102
cycloserine.....	28	demeclocycline hcl.....	14
CYCLOSET.....	52	DEMSEER.....	65
cyclosporine.....	98	DENGVAXIA.....	100
cyclosporine modified.....	98	DEPAKOTE.....	14
CYMBALTA.....	21	DEPAKOTE ER.....	14
cyproheptadine hcl.....	108	DEPAKOTE SPRINKLE.....	14
cyred.....	89	DEPEN.....	85
cyred eq.....	89	DEPO-ESTRADIOL.....	87
CYSTADANE.....	83	DEPO-PROVERA.....	93
CYSTADROPS.....	104	DEPO-SUBQ PROVERA 104.....	93
CYSTAGON.....	83	DEPO-TESTOSTERONE.....	87
CYSTARAN.....	104	dermacinrx lidocan.....	6
CYTOMEL.....	94	DESCOVY.....	46
CYTOTEC.....	82	desipramine hcl.....	23
D			
dabigatran etexilate.....	57	desloratadine.....	108
dalfampridine er.....	72	desmopressin acetate.....	86
DALIRESP.....	110	desogestr-eth estrad eth estra.....	89
DALVANCE.....	8	desogestrel-ethinyl estradiol.....	89
danazol.....	87	desonide.....	75
DANTRIUM.....	45	desoximetasone.....	75
dantrolene sodium.....	45	desvenlafaxine succinate er.....	21
		DETROL.....	84
		DETROL LA.....	84

dexamethasone	86	DIPENTUM	102
dexamethasone sodium phosphate	105	diphenoxylate-atropine	80
DEXEDRINE	70	DIPHThERIA-TETANUS TOXOIDS-PED	100
dexmethylphenidate hcl	71	DIPROLENE	75
dextroamphetamine sulfate	70	dipyridamole	59
dextroamphetamine sulfate er	70	disulfiram	6
dextroamphetamine-amphet er	70	divalproex sodium	14
dextroamphetamine-amphetamine	70,71	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	77	DIVIGEL	87
dextrose 5%-0.2% nacl	77	dofetilide	62
dextrose 5%-0.225% nacl	77	dolishale	89
dextrose 5%-0.45% nacl	77	donepezil hcl	19
dextrose 5%-0.9% nacl	77	donepezil hcl odt	19
dextrose in water	79	dorzolamide hcl	107
DIACOMIT	14	dorzolamide-timolol	104
diazepam	16,51	dotti	87
diazoxide	55	DOVATO	45
diclofenac potassium	2	doxazosin mesylate	60
diclofenac sodium	2,76,105	doxepin hcl	23,75,112
diclofenac sodium er	2	doxy 100	14
diclofenac sodium-misoprostol	2,3	doxycycline hyclate	14
dicloxacillin sodium	11	doxycycline ir-dr	74
dicyclomine hcl	81	doxycycline monohydrate	14
DIFICID	12	DRIZALMA SPRINKLE	21
DIFLUCAN	25	dronabinol	24
difluprednate	105	drospirenone-eth estra-levomef	89
digitek	65	drospirenone-ethinyl estradiol	89
digoxin	65	droxidopa	60
dihydroergotamine mesylate	26	DUAVEE	94
dilantin	18	DULERA	111
DILANTIN-125	18	duloxetine hcl	21
dilt-xr	64	DUPIXENT PEN	97
diltiazem 12hr er	64	DUPIXENT SYRINGE	97
diltiazem 24hr er	64	DUREZOL	106
diltiazem 24hr er (cd)	64	dutasteride	85
diltiazem 24hr er (la)	64	dutasteride-tamsulosin	85
diltiazem 24hr er (xr)	64		
diltiazem hcl	64	E	
dimethyl fumarate	72	E.E.S. 200	12
DIOVAN	60	ec-naproxen	3
DIOVAN HCT	65	econazole nitrate	25

EDARBI.....	60	ENVARBUS XR.....	98
EDARBYCLOR.....	65	EPIDIOLEX.....	15
EDURANT.....	46	epinastine hcl.....	105
efavirenz.....	46	epinephrine.....	109
efavirenz-emtric-tenofov disop.....	46	epitol.....	18
efavirenz-lamivu-tenofov disop.....	46	EPIVIR.....	47
EFFEXOR XR.....	21	eplerenone.....	69
EFUDEX.....	76	EPRONTIA.....	15
ELELYSO.....	83	EPZICOM.....	47
ELIDEL.....	75	ergotamine-caffeine.....	26
ELIGARD.....	95	ERIVEDGE.....	32
elinest.....	89	ERLEADA.....	29
ELIQUIS.....	57	erlotinib hcl.....	32
eluryng.....	89	errin.....	93
EMEND.....	24	ertapenem.....	12
EMGALITY PEN.....	27	ery.....	12
EMGALITY SYRINGE.....	26,27	ERY-TAB.....	12
EMSAM.....	20	ERYPED 200.....	12
emtricitabine.....	46	ERYPED 400.....	12
emtricitabine-tenofovir disop.....	46	ERYTHROCIN LACTOBIONATE.....	12
EMTRIVA.....	46	erythromycin.....	13,105
emzahn.....	93	erythromycin ethylsuccinate.....	13
enalapril maleate.....	61	erythromycin lactobionate.....	13
enalapril-hydrochlorothiazide.....	65	erythromycin-benzoyl peroxide.....	74
ENBREL.....	98	ESBRIET.....	111
ENBREL MINI.....	98	escitalopram oxalate.....	21
ENBREL SURECLICK.....	98	ESGIC.....	2
ENDARI.....	83	esomeprazole magnesium.....	82
endocet.....	4,5	estarylla.....	89
ENGERIX-B ADULT.....	100	ESTRACE.....	87
ENGERIX-B PEDIATRIC-ADOLESCENT.....	100	estradiol.....	87
enilloring.....	89	estradiol (once weekly).....	87
enoxaparin sodium.....	57	estradiol (twice weekly).....	87
enpresse.....	89	estradiol valerate.....	88
enskyce.....	89	estradiol-norethindrone acetat.....	89
entacapone.....	39	ESTRING.....	88
entecavir.....	49	eszopiclone.....	112
ENTRESTO.....	65	ethambutol hcl.....	28
ENTRESTO SPRINKLE.....	65	ethosuximide.....	16
ENTYVIO PEN.....	97	ethynodiol-ethinyl estradiol.....	89
enulose.....	80	etodolac.....	3

etodolac er.....	3	FINTEPLA.....	15
etonogestrel-ethinyl estradiol.....	89	FIRAZYR.....	96
etravirine.....	46	FIRMAGON.....	95
EUTHYROX.....	94	flac otic oil.....	107
everolimus.....	32,98	FLAGYL.....	9
EVISTA.....	94	flecainide acetate.....	62
EVOTAZ.....	48	FLOMAX.....	85
EXELON.....	19	fluconazole.....	25
exemestane.....	30	fluconazole-nacl.....	25
EXFORGE.....	65	flucytosine.....	25
EXFORGE HCT.....	65	fludrocortisone acetate.....	86
EXJADE.....	79	flunisolide.....	108
EXKIVITY.....	32	fluocinolone acetonide.....	75
EXTENCILLINE.....	11	fluocinolone acetonide oil.....	107
EYSUVIS.....	106	fluocinonide.....	75
ezetimibe.....	69	fluocinonide-e.....	75
ezetimibe-simvastatin.....	69	fluorometholone.....	106
		fluorouracil.....	76
F		fluoxetine dr.....	21
falmina.....	89	fluoxetine hcl.....	22
famciclovir.....	50	fluphenazine decanoate.....	40
famotidine.....	82	fluphenazine hcl.....	40
FANAPT.....	41	flurbiprofen.....	3
FARESTON.....	29	flurbiprofen sodium.....	106
FARXIGA.....	52	fluticasone propionate.....	75,108
FASENRA.....	111	fluticasone propionate hfa.....	108
FASENRA PEN.....	111	fluticasone-salmeterol.....	111
feirza.....	89	fluvastatin er.....	68
felbamate.....	15	fluvastatin sodium.....	68
felodipine er.....	63	fluvoxamine maleate.....	22
FEMARA.....	31	FML.....	106
femynor.....	89	FOCALIN.....	71
fenofibrate.....	67	fondaparinux sodium.....	57
fenofibric acid.....	67	FORTEO.....	103
fentanyl.....	4	FOSAMAX.....	103
fentanyl citrate.....	5	fosamprenavir calcium.....	48
fesoterodine fumarate er.....	84	fosinopril sodium.....	61
FETZIMA.....	21	fosinopril-hydrochlorothiazide.....	66
FINACEA.....	74	FOTIVDA.....	32
finasteride.....	85	FRUZAQLA.....	32
fingolimod.....	72	FULPHILA.....	58

furosemide.....	67	glipizide er.....	52
FUZEON.....	47	glipizide xl.....	52,53
fyavolv.....	89	glipizide-metformin.....	53
FYCOMPA.....	15	GLUCAGEN.....	55
G		glucagon emergency kit.....	55
gabapentin.....	16	glucose 5%-0.9% nacl.....	78
galantamine er.....	19	glucose in water.....	79
galantamine hbr.....	19	GLUCOTROL XL.....	53
galantamine hydrobromide.....	19	glyburide.....	53
gallifrey.....	93	glyburide micronized.....	53
GAMMAGARD LIQUID.....	96	glyburide-metformin hcl.....	53
GAMMAGARD S-D.....	97	glycopyrrolate.....	81
GAMMAPLEX.....	97	GLYXAMBI.....	53
GAMUNEX-C.....	97	GOLYTELY.....	81
GARDASIL 9.....	100	GOMEKLI.....	32,33
gatifloxacin.....	105	granisetron hcl.....	24
GATTEX.....	81	GRANIX.....	58
gauze pads & dressings - pads 2 x 2.....	52	griseofulvin.....	25
gavilyte-c.....	81	griseofulvin ultramicrosize.....	25
gavilyte-g.....	81	guanfacine hcl.....	60
gavilyte-n.....	81	guanfacine hcl er.....	71
GAVRETO.....	32	GVOKE.....	55
gefitinib.....	32	GVOKE HYPOPEN 1-PACK.....	55
gemfibrozil.....	67	GVOKE HYPOPEN 2-PACK.....	55
gemmily.....	89	GVOKE PFS 1-PACK SYRINGE.....	55
GEMTESA.....	84	GVOKE PFS 2-PACK SYRINGE.....	55
generlac.....	80	H	
gengraf.....	98	HADLIMA.....	98
gentamicin sulfate.....	7,77,105	HADLIMA PUSH TOUCH.....	98
gentamicin sulfate in ns.....	7	HADLIMA(CF).....	98
GENVOYA.....	45	HADLIMA(CF) PUSH TOUCH.....	99
GEODON.....	41	HAEGARDA.....	96
GILENYA.....	72	hailey.....	90
GILOTRIF.....	32	hailey 24 fe.....	90
glatiramer acetate.....	73	hailey fe.....	90
glatopa.....	73	HALDOL DECANOATE 100.....	40
GLEEVEC.....	32	HALDOL DECANOATE 50.....	40
GLEOSTINE.....	28	halobetasol propionate.....	75
glimepiride.....	52	haloette.....	90
glipizide.....	52	haloperidol.....	40

haloperidol decanoate.....	40	hydrocortisone butyrate.....	75
haloperidol decanoate 100.....	40	hydrocortisone valerate.....	75
haloperidol lactate.....	40	hydrocortisone-acetic acid.....	107
HAVRIX.....	100	hydromorphone hcl.....	5
heather.....	94	hydroxychloroquine sulfate.....	38
HEMADY.....	86	hydroxyurea.....	30
heparin sodium.....	58	hydroxyzine hcl.....	51
HEPLISAV-B.....	100	hydroxyzine pamoate.....	51
HETLIOZ.....	112	HYZAAR.....	66
HIBERIX.....	100		
hidex.....	86		
HUMALOG.....	55	ibandronate sodium.....	103
HUMALOG JUNIOR KWIKPEN.....	55	IBRANCE.....	33
HUMALOG KWIKPEN U-100.....	55	ibu.....	3
HUMALOG KWIKPEN U-200.....	55	ibuprofen.....	3
HUMALOG MIX 50-50 KWIKPEN.....	55	icatibant.....	96
HUMALOG MIX 75-25.....	55	iclevia.....	90
HUMALOG MIX 75-25 KWIKPEN.....	55	ICLUSIG.....	33
HUMALOG TEMPO PEN U-100.....	55	icosapent ethyl.....	69
HUMATIN.....	7	IDHIFA.....	33
HUMIRA.....	99	ILEVRO.....	106
HUMIRA PEN.....	99	imatinib mesylate.....	33
HUMIRA(CF).....	99	IMBRUVICA.....	33
HUMIRA(CF) PEN.....	99	imipenem-cilastatin sodium.....	12
HUMIRA(CF) PEN CROHN'S-UC-HS.....	99	imipramine hcl.....	23
HUMIRA(CF) PEN PEDIATRIC UC.....	99	imiquimod.....	76
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	99	IMITREX.....	27
HUMULIN 70-30.....	55	IMKELDI.....	33
HUMULIN 70/30 KWIKPEN.....	55	IMOVAX RABIES VACCINE.....	100
HUMULIN N.....	55	IMPAVIDO.....	9
HUMULIN N KWIKPEN.....	55	IMURAN.....	99
HUMULIN R.....	55	INBRIJA.....	39
HUMULIN R U-500.....	55	incassia.....	94
HUMULIN R U-500 KWIKPEN.....	56	INCRELEX.....	86
hydralazine hcl.....	69	INCRUSE ELLIPTA.....	109
HYDREA.....	30	indapamide.....	67
hydrochlorothiazide.....	67	INDERAL LA.....	62
hydrocodone bitartrate er.....	4	INDERAL XL.....	62
hydrocodone-acetaminophen.....	5	indomethacin.....	3
hydrocodone-ibuprofen.....	5	indomethacin er.....	3
hydrocortisone.....	75,86,103	INFANRIX DTAP.....	100

INLYTA.....	33	IWILFIN.....	31
INNOPRAN XL.....	62	IXCHIQ.....	101
INQOVI.....	30	IXIARO.....	101
INREBIC.....	33		
INSPRA.....	69	J	
insulin pen needle.....	56	JADENU.....	79
insulin syringe.....	56	JADENU SPRINKLE.....	79
insulin syringe (disp) u-100 0.3 ml.....	56	jaimiess.....	90
insulin syringe (disp) u-100 1 ml.....	56	JAKAFI.....	33
insulin syringe (disp) u-100 1/2 ml.....	56	jantoven.....	58
INTELENCE.....	46	JANUMET.....	53
INTRALIPID.....	79	JANUMET XR.....	53
introvale.....	90	JANUVIA.....	53
INVANZ.....	12	JARDIANCE.....	53
INVEGA.....	41	jasmiel.....	90
INVEGA HAFYERA.....	41	JAYPIRCA.....	33
INVEGA SUSTENNA.....	41	jencycla.....	94
INVEGA TRINZA.....	41	JENTADUETO.....	53
INVELTYS.....	106	JENTADUETO XR.....	53
IPOL.....	100	jinteli.....	90
ipratropium bromide.....	109	jolessa.....	90
ipratropium-albuterol.....	111	juleber.....	90
irbesartan.....	60	JULUCA.....	45
irbesartan-hydrochlorothiazide.....	66	junel.....	90
IRESSA.....	33	junel fe.....	90
ISENTRESS.....	45	junel fe 24.....	90
ISENTRESS HD.....	45	JUXTAPID.....	69
isibloom.....	90	JYNNEOS.....	101
isoniazid.....	28	JYNNEOS (NATIONAL STOCKPILE).....	101
isopropyl alcohol 0.7 ml/ml medicated pad.....	53		
ISORDIL TITRADOSE.....	70	K	
isosorbide dinitrate.....	70	kaitlib fe.....	90
isosorbide mononitrate.....	70	KALETRA.....	48
isosorbide mononitrate er.....	70	kalliga.....	90
isotretinoin.....	74	KALYDECO.....	109
isradipine.....	63	KANJINTI.....	37
ISTALOL.....	106	kariva.....	90
ITOVEBI.....	33	kcl-d5w-0.2% nacl.....	78
itraconazole.....	25	kcl-d5w-0.225% nacl.....	78
ivabradine hcl.....	66	kcl-d5w-0.45% nacl.....	78
ivermectin.....	38,77	kelnor 1-35.....	90

kelnor 1-50	90	LANTUS SOLOSTAR	56
KEPPRA	15	lapatinib	33
KERENDIA	69	larin	90
KESIMPTA PEN	73	larin 24 fe	90
ketoconazole	25	larin fe	90
ketorolac tromethamine	3,106	LASIX	67
KINRIX	101	latanoprost	107
kionex	80	LATUDA	42
KISQALI	33	LAYOLIS FE	90
KISQALI FEMARA CO-PACK	30	LAZCLUZE	33
KLARON	74	leena	90
klayesta	25	leflunomide	99
KLOR-CON 10	78	lenalidomide	29
KLOR-CON 8	78	lentocilin s	11
klor-con m10	78	LENVIMA	33,34
KLOR-CON M15	78	lessina	90
klor-con m20	78	LETAIRIS	110
KLOXXADO	7	letrozole	31
KORLYM	95	leucovorin calcium	30
KOSELUGO	33	LEUKERAN	28
kourzeq	73	LEUKINE	59
KRAZATI	33	leuprolide acetate	95
kurvelo	90	leuprolide depot	95
KUVAN	83	levetiracetam	15
		levetiracetam er	15
		LEVO-T	94
		levobunolol hcl	106
		levocarnitine	83
		levocarnitine sf	83
		levocetirizine dihydrochloride	108
		levofloxacin	13
		levofloxacin-d5w	13
		levonest	90
		levonorg-eth estrad eth estrad	90
		levonorgestrel-eth estradiol	91
		levora-28	91
		levorphanol tartrate	4
		levothyroxine sodium	95
		LEVOXYL	95
		LEXAPRO	22
		LEXIVA	48
L			
l-glutamine	83		
labetalol hcl	63		
lacosamide	18		
lactulose	80		
LAMICTAL	15		
LAMICTAL (BLUE)	15		
lamivudine	47,49		
lamivudine hbv	49		
lamivudine-zidovudine	47		
lamotrigine	15		
lamotrigine (blue)	15		
lamotrigine er	15		
LANOXIN	66		
lansoprazole	82		
LANTUS	56		

LIALDA.....	102	loryna.....	91
LIBERVANT.....	16	losartan potassium.....	61
lidocaine.....	6	losartan-hydrochlorothiazide.....	66
lidocaine hcl.....	6	LOTENSIN.....	61
lidocaine hcl laryngotracheal 4% solution.....	6	LOTRONEX.....	80
lidocaine hcl viscous.....	6	lovastatin.....	68
lidocaine-prilocaine.....	6	LOVENOX.....	58
LIDOCAN II.....	6	low-ogestrel.....	91
lidocan iii.....	6	loxapine.....	40
lidocan iv.....	6	lubiprostone.....	80
lidocan v.....	6	LUMAKRAS.....	34
LIDODERM.....	6	LUMIGAN.....	107
LILETTA.....	85	LUMRYZ.....	112
linezolid.....	9	LUMRYZ STARTER PACK.....	112
linezolid-0.9% nacl.....	9	LUPRON DEPOT.....	95
linezolid-d5w.....	9	LUPRON DEPOT (LUPANETA).....	95
LINZESS.....	80	LUPRON DEPOT-PED.....	95
liothyronine sodium.....	95	lurasidone hcl.....	42
LIPITOR.....	68	lutera.....	91
lisdexamfetamine dimesylate.....	71	LYBALVI.....	42
lisinopril.....	61	lyleq.....	94
lisinopril-hydrochlorothiazide.....	66	lyllana.....	88
lithium carbonate.....	52	LYNPARZA.....	34
lithium carbonate er.....	52	LYRICA.....	16
lithium citrate.....	52	LYSODREN.....	30
LITHOBID.....	52	LYTGOBI.....	34
LIVTENCITY.....	49	LYUMJEV.....	56
lo-zumandimine.....	91	LYUMJEV KWIKPEN U-100.....	56
LOCOID LIPOCREAM.....	76	LYUMJEV KWIKPEN U-200.....	56
LOESTRIN.....	91	LYUMJEV TEMPO PEN U-100.....	56
LOESTRIN FE.....	91	lyza.....	94
lojaimiess.....	91		
LONSURF.....	30	M	
loperamide.....	80	M-M-R II VACCINE.....	101
LOPID.....	67	magnesium sulfate.....	78
lopinavir-ritonavir.....	48	MALARONE.....	38
LOPRESSOR.....	63	malathion.....	77
LOPROX.....	25	maraviroc.....	47
lorazepam.....	51	marlissa.....	91
lorazepam intensol.....	51	MARPLAN.....	20
LORBRENA.....	34	MATULANE.....	28

matzim la.....	64	methylphenidate er.....	71
MAVYRET.....	49	methylphenidate hcl.....	71
MAXALT.....	27	methylprednisolone.....	86
MAXALT MLT.....	27	methyltestosterone.....	87
MAXITROL.....	104	metoclopramide hcl.....	81
meclizine hcl.....	24	metolazone.....	67
MEDROL.....	86	metoprolol succinate.....	63
medroxyprogesterone acetate.....	94	metoprolol tartrate.....	63
mefloquine hcl.....	38	metoprolol-hydrochlorothiazide.....	66
megestrol acetate.....	94	METRO IV.....	9
MEKINIST.....	34	METROCREAM.....	77
MEKTOVI.....	34	METROGEL.....	77
meloxicam.....	3	METROLOTION.....	77
memantine hcl.....	19	metronidazole.....	9,77
memantine hcl er.....	19	metyrosine.....	66
MENACTRA.....	101	mexiletine hcl.....	62
MENEST.....	88	micafungin.....	25
MENQUADFI.....	101	micafungin-0.9% nacl.....	25
MENVEO A-C-Y-W-135-DIP.....	101	MICARDIS.....	61
mercaptopurine.....	30	MICARDIS HCT.....	66
meropenem.....	12	microgestin.....	91
meropenem-0.9% nacl.....	12	microgestin 24 fe.....	91
merzee.....	91	microgestin fe.....	91
mesalamine.....	102	midodrine hcl.....	60
mesalamine dr.....	102	mifepristone.....	95
mesalamine er.....	102	miglustat.....	83
mesna.....	37	MIGRANAL.....	26
MESNEX.....	37	mili.....	91
MESTINON.....	27	mimvey.....	91
metformin hcl.....	53	minocycline hcl.....	14
metformin hcl er.....	53,54	minoxidil.....	69
methadone hcl.....	4	mirtazapine.....	20
methazolamide.....	66	misoprostol.....	82
methenamine hippurate.....	9	modafinil.....	112
methimazole.....	96	moexipril hcl.....	61
methocarbamol.....	112	molindone hcl.....	40
methotrexate.....	99	mometasone furoate.....	76,108
methotrexate sodium.....	99	mondoxyne nl.....	14
methoxsalen.....	76	mono-lynyah.....	91
methscopolamine bromide.....	81	montelukast sodium.....	108
methsuximide.....	16	morphine sulfate.....	5

morphine sulfate er.....	4	neo-polycin.....	105
MOUNJARO.....	54	neo-polycin hc.....	104
MOVANTIK.....	80	neomycin sulfate.....	8
MOVIPREP.....	81	neomycin-bacitracin-poly-hc.....	104
moxifloxacin.....	13,105	neomycin-bacitracin-polymyxin.....	105
moxifloxacin hcl.....	13	neomycin-polymyxin-dexameth.....	104
MRESVIA.....	101	neomycin-polymyxin-gramicidin.....	105
MULTAQ.....	62	neomycin-polymyxin-hc.....	107
mupirocin.....	77	neomycin-polymyxin-hydrocort.....	107
MVASI.....	37	NEORAL.....	99
MYALEPT.....	81	NERLYNX.....	34
MYCOBUTIN.....	28	neuac.....	74
mycophenolate mofetil.....	99	NEUPRO.....	39
mycophenolic acid.....	99	NEURONTIN.....	17
MYFORTIC.....	99	nevirapine.....	46
MYHIBBIN.....	99	nevirapine er.....	46
myorisan.....	74	NEXAVAR.....	34
MYRBETRIQ.....	84	NEXIUM.....	82
MYSOLINE.....	17	NEXPLANON.....	85
N		niacin er.....	69
nabumetone.....	3	nicardipine hcl.....	63
nadolol.....	63	NICOTROL.....	7
nafcillin.....	11	NICOTROL NS.....	7
nafcillin sodium.....	11	nifedipine.....	63
naloxone hcl.....	7	nifedipine er.....	63
naltrexone hcl.....	7	nikki.....	91
NAMENDA.....	20	NILANDRON.....	29
naproxen.....	3	nilutamide.....	29
naproxen sodium.....	4	nimodipine.....	63
naratriptan hcl.....	27	NINLARO.....	34
NARCAN.....	7	NIPENT.....	30
NARDIL.....	20	nisoldipine.....	63
NATACYN.....	105	nitazoxanide.....	38
nateglinide.....	54	nitisinone.....	83
NAYZILAM.....	17	NITRO-BID.....	70
nebivolol hcl.....	63	nitrofurantoin.....	9
NEBUPENT.....	38	nitrofurantoin mono-macro.....	9
necon.....	91	nitroglycerin.....	70
needles, insulin disp., safety.....	56	nitroglycerin patch.....	70
nefazodone hcl.....	22	NITROLINGUAL.....	70
		NITROSTAT.....	70

NIVESTYM.....	59	nystatin-triamcinolone.....	76
nizatidine.....	82	nystop.....	26
nora-be.....	94		
norelgestromin-eth estradiol.....	91	O	
norethin-eth estra-ferrous fum.....	91	OCALIVA.....	81
norethindron-ethinyl estradiol.....	91	ocella.....	92
norethindrone.....	94	octreotide acetate.....	95,96
norethindrone ac (lupaneta).....	94	octreotide acetate er.....	96
norethindrone acetate.....	94	OCUFLOX.....	105
norethindrone-e.estradiol-iron.....	91	ODEFSEY.....	47
norgestimate-ethinyl estradiol.....	91	ODOMZO.....	34
NORPRAMIN.....	23	OFEV.....	111
NORTHERA.....	60	ofloxacin.....	13,105,107
nortrel.....	91	OGSIVEO.....	34
nortriptyline hcl.....	23	OJEMDA.....	34
NORVASC.....	63	OJJAARA.....	34
NORVIR.....	48	olanzapine.....	42
NOVOLIN 70-30.....	56	olanzapine odt.....	42
NOVOLIN 70-30 FLEXPEN.....	56	olmesartan medoxomil.....	61
NOVOLIN N.....	56	olmesartan-amlodipine-hctz.....	66
NOVOLIN N FLEXPEN.....	56	olmesartan-hydrochlorothiazide.....	66
NOVOLIN R.....	56	olopatadine hcl.....	108
NOVOLIN R FLEXPEN.....	56	omega-3 acid ethyl esters.....	69
NOVOLOG.....	56	omeprazole.....	82
NOVOLOG FLEXPEN.....	56	omnipod 5 (g6/libre 2 plus).....	56
NOVOLOG MIX 70-30.....	56	omnipod 5 dexg7g6 intro(gen 5).....	56
NOVOLOG MIX 70-30 FLEXPEN.....	56	omnipod 5 dexg7g6 pods (gen 5).....	56
NOVOLOG PENFILL.....	56	omnipod 5 g6-g7 intro kt(gen5).....	56
NOXAFIL.....	25	omnipod 5 g6-g7 pods (gen 5).....	56
NUBEQA.....	29	omnipod 5 intro(g6/libre2plus).....	56
NUDEXTA.....	72	omnipod classic pods (gen 3).....	57
NUPLAZID.....	42	omnipod dash intro kit (gen 4).....	57
NURTEC ODT.....	27	omnipod dash pdm kit (gen 4).....	57
NUTRILIPID.....	79	omnipod dash pods (gen 4).....	57
NUVARING.....	91	omnipod go pods.....	57
NUVIGIL.....	113	OMNITROPE.....	86
NUZYRA.....	14	ondansetron hcl.....	24
nyamyc.....	25	ondansetron odt.....	24
nylia.....	91	ONFI.....	17
nymyo.....	92	ONTRUZANT.....	37
nystatin.....	26	ONUREG.....	30

OPIPZA	42	peg-3350 and electrolytes	81
OPSUMIT	110	peg3350-sod sul-nacl-kcl-asb-c	81
OPVEE	7	PEGASYS	98
ORACEA	74	PEMAZYRE	34
ORALAIR	111	pen needle	57
oralone	73	PENBRAYA	101
ORENCIA	97	penicillamine	85
ORENCIA CLICKJECT	97	penicillin g potassium	11
ORFADIN	83	penicillin g sodium	11
ORGOVYX	30	penicillin gk-iso-osm dextrose	11
ORKAMBI	109,110	penicillin v potassium	11
ORSERDU	29	PENTACEL	101
oseltamivir phosphate	49	PENTAM 300	38
OTEZLA	76	pentamidine isethionate	38
OVIDE	77	PENTASA	102
oxaprozin	4	pentoxifylline	66
oxazepam	51	perindopril erbumine	61
oxcarbazepine	18	periogard	73
oxybutynin chloride	84	permethrin	77
oxybutynin chloride er	84	perphenazine	24
oxycodone hcl	5	PERSERIS	42
oxycodone-acetaminophen	5	pfizerpen	11
OZEMPIC	54	phenelzine sulfate	21
P		phenobarbital	17
pacerone	62	phenoxybenzamine hcl	60
paliperidone er	42	PHENYTEK	18
PALYNZIQ	83	phenytoin	18
PANRETIN	37	phenytoin sodium extended	18
pantoprazole sodium	82	philith	92
paricalcitol	103	PIFELTRO	46
PARNATE	21	pilocarpine hcl	73,107
paroxetine cr	22	pimecrolimus	76
paroxetine er	22	pimozide	40
paroxetine hcl	22	pimtrea	92
PAXIL	22	pindolol	63
PAXLOVID	50	pioglitazone hcl	54
pazopanib hcl	34	pioglitazone-glimepiride	54
PEDIARIX	101	pioglitazone-metformin	54
PEDVAXHIB	101	piperacillin-tazobactam	12
peg 3350-electrolyte	81	PIQRAY	34,35
		pirfenidone	111

piroxicam.....	4	primidone.....	17
PLAQUENIL.....	38	PRIORIX.....	101
PLAVIX.....	59	PRISTIQ.....	22
PLEGRIDY.....	73	PROAIR RESPICLICK.....	109
PLEGRIDY PEN.....	73	probenecid.....	26
podofilox.....	76	probenecid-colchicine.....	26
polycin.....	105	PROCARDIA XL.....	63
polymyxin b sul-trimethoprim.....	105	prochlorperazine.....	24
POMALYST.....	29	prochlorperazine maleate.....	24
portia.....	92	PROCRIPT.....	59
posaconazole.....	26	procto-med hc.....	103
potassium chloride.....	78	proctosol-hc.....	103
potassium chloride in d5lr.....	78	proctozone-hc.....	103
potassium chloride proamp.....	78	progesterone.....	94
potassium chloride-0.45% nacl.....	78	PROGLYCEM.....	55
potassium chloride-dextrose 5%.....	78	PROGRAF.....	99
potassium citrate er.....	78	PROLASTIN C.....	83
pramipexole dihydrochloride.....	39	PROLENSA.....	106
prasugrel hcl.....	59	PROLIA.....	103
pravastatin sodium.....	68	PROMACTA.....	59
praziquantel.....	38	promethazine hcl.....	24
prazosin hcl.....	60	promethegan.....	24
PRED FORTE.....	106	propafenone hcl.....	62
PRED MILD.....	106	propafenone hcl er.....	62
prednisolone.....	86	propranolol hcl.....	63
prednisolone acetate.....	106	propranolol hcl er.....	63
prednisolone sodium phosphate.....	86,106	propylthiouracil.....	96
prednisone.....	86	PROQUAD.....	101
pregabalin.....	17	PROSCAR.....	85
PREGNYL.....	86	PROTONIX.....	82,83
PREHEVBRIO.....	101	protriptyline hcl.....	23
PREMARIN.....	88	PROVERA.....	94
PREMPHASE.....	92	PROZAC.....	22
PREMPRO.....	92	PRUDOXIN.....	76
PREVACID.....	82	PULMOZYME.....	110
prevalite.....	69	PURIXAN.....	30
PREVYMIS.....	49	PYLERA.....	81
PREZCOBIX.....	48	pyrazinamide.....	28
PREZISTA.....	48	pyridostigmine bromide.....	27
PRIFTIN.....	28	pyridostigmine bromide er.....	27
primaquine.....	38	pyrimethamine.....	38

Q

QINLOCK	35
QUADRACEL DTAP-IPV	101
quetiapine fumarate	42
quetiapine fumarate er	42
quinapril hcl	61
quinapril-hydrochlorothiazide	66
quinidine gluconate	62
quinidine sulfate	62
quinine sulfate	38
QVAR REDIHALER	108

R

RABAVERT	101
rabeprazole sodium	83
raloxifene hcl	94
ramelteon	112
ramipril	61
ranolazine er	66
RAPAFLO	85
RAPAMUNE	99
rasagiline mesylate	39
reclipsen	92
RECOMBIVAX HB	101
RECTIV	70
REGLAN	81
REGRANEX	76
RELENZA	50
RELISTOR	80
REMERON	20
RENFLEXIS	99
repaglinide	54
REPATHA PUSHTRONEX	69
REPATHA SURECLICK	69
REPATHA SYRINGE	69
RESTASIS	104
RESTASIS MULTIDOSE	104
RETACRIT	59
RETEVMO	35
RETIN-A	74

RETROVIR	47
REVCOVI	83
REVUFORJ	35
REXULTI	42
REYATAZ	48,49
REZLIDHIA	35
REZUROCK	99
RHOPRESSA	107
RIABNI	37
ribavirin	49
RIDAURA	97
rifabutin	28
rifampin	28
riluzole	72
RINVOQ	97
RINVOQ LQ	97
risedronate sodium	103
risedronate sodium dr	103
RISPERDAL	42,43
RISPERDAL CONSTA	43
risperidone	43
risperidone er	43
risperidone odt	43
RITALIN	71
ritonavir	49
rivastigmine	19
rizatriptan	27
ROCALTROL	103
ROCKLATAN	107
roflumilast	110
ropinirole er	39
ropinirole hcl	39
rosadan	77
rosuvastatin calcium	68
ROTARIX	101
ROTATEQ	101
ROWASA	102
roweepra	15
ROXICODONE	6
ROZEREM	112
ROZLYTREK	35

RUBRACA.....	35	silver sulfadiazine.....	77
rufinamide.....	18	SIMBRINZA.....	107
RUKOBIA.....	47	SIMLANDI(CF).....	100
RUXIENCE.....	37	SIMLANDI(CF) AUTOINJECTOR.....	100
RYBELSUS.....	54	simliya.....	92
RYDAPT.....	35	simpesse.....	92
RYTARY.....	39	simvastatin.....	68
S			
SABRIL.....	17	SINEMET 10-100.....	39
sajazir.....	96	SINEMET 25-100.....	39
SALAGEN.....	73	SINGULAIR.....	108
SAMSCA.....	79	sirolimus.....	100
SANDIMMUNE.....	99	SIRTURO.....	28
SANDOSTATIN LAR DEPOT.....	96	SIVEXTRO.....	9
SANTYL.....	76	SKYLA.....	85
SAPHRIS.....	43	SKYRIZI.....	97
sapropterin dihydrochloride.....	83	SKYRIZI ON-BODY.....	97
saxagliptin hcl.....	54	SKYRIZI PEN.....	97
saxagliptin-metformin er.....	54	sod sulf-potass sulf-mag sulf.....	81
SCEMBLIX.....	35	sodium chloride.....	79
scopolamine.....	24	sodium chloride-water.....	79
SECUADO.....	43	sodium oxybate.....	113
selegiline hcl.....	39	sodium phenylbutyrate.....	84
selenium sulfide.....	76	sodium polystyrene sulfonate.....	80
SELZENTRY.....	47,48	solifenacin succinate.....	84
SENSIPAR.....	104	SOLQUA 100-33.....	54
SEREVENT DISKUS.....	109	SOLTAMOX.....	29
SEROQUEL.....	43	SOMATULINE DEPOT.....	96
SEROQUEL XR.....	43	SOMAVERT.....	96
sertraline hcl.....	22,23	SOOLANTRA.....	77
setlakin.....	92	sorafenib.....	35
SFROWASA.....	102	sorine.....	62
sharobel.....	94	sotalol.....	62
SHINGRIX.....	101	sotalol af.....	62
SIGNIFOR.....	96	SPIRIVA HANDIHALER.....	109
SIGNIFOR LAR.....	96	SPIRIVA RESPIMAT.....	109
sildenafil citrate.....	110	spironolactone.....	69
SILENOR.....	112	spironolactone-hctz.....	66
silodosin.....	85	SPORANOX.....	26
SILVADENE.....	77	sprintec.....	92
		SPRITAM.....	15
		SPRYCEL.....	35

SPS.....	80	SYNJARDY.....	54
sronyx.....	92	SYNJARDY XR.....	54
SSD.....	77	SYNTHROID.....	95
STAMARIL.....	101	SYPRINE.....	79
STELARA.....	97		
sterile pads.....	52	T	
STIOLTO RESPIMAT.....	111	TABLOID.....	30
STIVARGA.....	35	TABRECTA.....	35
STRATTERA.....	71	tacrolimus.....	76,100
STRENSIQ.....	84	tadalafil.....	85,110
streptomycin sulfate.....	8	TAFINLAR.....	35,36
STRIBILD.....	45	TAGRISSE.....	36
STROMECTOL.....	38	TALZENNA.....	36
SUBLOCADE.....	7	TAMIFLU.....	50
SUBOXONE.....	7	tamoxifen citrate.....	29
subvenite.....	15	tamsulosin hcl.....	85
subvenite (blue).....	15	taperdex.....	86
sucralfate.....	82	TARGRETIN.....	37
SULAR.....	63	tarina 24 fe.....	92
sulfacetamide sodium.....	74,105	tarina fe.....	92
sulfacetamide-prednisolone.....	104	tarina fe 1-20 eq.....	92
sulfadiazine.....	13	TASIGNA.....	36
sulfamethoxazole-trimethoprim.....	13	tasimelteon.....	112
sulfasalazine.....	102	TASMAR.....	39
sulfasalazine dr.....	102	taysofy.....	92
sulindac.....	4	tazarotene.....	74
sumatriptan.....	27	tazicef.....	10
sumatriptan succinate.....	27	TAZORAC.....	74
sunitinib malate.....	35	taztia xt.....	64
SUNLENCA.....	48	TAZVERIK.....	36
SUPREP.....	81	TDVAX.....	101
SUTAB.....	81	TECFIDERA.....	73
SUTENT.....	35	TEFLARO.....	10
syeda.....	92	TEGRETOL.....	18
SYMFI.....	46	TEGRETOL XR.....	18
SYMFI LO.....	46	TEKTURNA.....	66
SYMLINPEN 120.....	54	telmisartan.....	61
SYMLINPEN 60.....	54	telmisartan-amlodipine.....	66
SYMPAZAN.....	17	telmisartan-hydrochlorothiazid.....	66
SYMTUZA.....	49	temazepam.....	112
SYNAREL.....	96	tencon.....	2

TENIVAC.....	101	TOBRADEX.....	104
tenofovir disoproxil fumarate.....	47	tobramycin.....	105,110
TENORETIC 100.....	66	tobramycin sulfate.....	8
TENORETIC 50.....	66	tobramycin-dexamethasone.....	104
TENORMIN.....	63	tolcapone.....	39
TEPMETKO.....	36	tolterodine tartrate.....	84
terazosin hcl.....	60	tolterodine tartrate er.....	84
terbinafine hcl.....	26	tolvaptan.....	79
terbutaline sulfate.....	109	topiramate.....	16
terconazole.....	26	TOPROL XL.....	63
TERIPARATIDE.....	104	toremifene citrate.....	29
testosterone.....	87	torpenz.....	36
testosterone cypionate.....	87	torse mide.....	67
testosterone enanthate.....	87	TOUJEO MAX SOLOSTAR.....	57
tetrabenazine.....	72	TOUJEO SOLOSTAR.....	57
tetracycline hcl.....	14	TOVIAZ.....	84
THALOMID.....	29	TRACLEER.....	110
THEO-24.....	110	TRADJENTA.....	54
theophylline anhydrous.....	110	tramadol hcl.....	6
theophylline er.....	110	tramadol hcl er.....	4
thioridazine hcl.....	40	tramadol hcl-acetaminophen.....	6
thiothixene.....	40	trandolapril.....	61
THYMOGLOBULIN.....	97	trandolapril-verapamil er.....	66
tiadylt er.....	64	tranexamic acid.....	59
tiagabine hcl.....	17	tranlycypromine sulfate.....	21
TIAZAC.....	64	TRAVASOL.....	79
TIBSOVO.....	36	TRAVATAN Z.....	107
TICOVAC.....	101	travoprost.....	107
tigecycline.....	9	TRAZIMERA.....	37
TIKOSYN.....	62	trazodone hcl.....	23
tilia fe.....	92	TRECTOR.....	28
timolol maleate.....	63,106	TRELEGY ELLIPTA.....	111
TIMOPTIC.....	106	TRELSTAR.....	96
TIMOPTIC OCUDOSE.....	106	TREMFYA.....	97
tinidazole.....	9	TREMFYA PEN.....	97
tiotropium bromide.....	109	tretinoin.....	37,74
TIROSINT.....	95	tri-estarylla.....	92
TIROSINT-SOL.....	95	tri-legest fe.....	92
TIVICAY.....	45	tri-linyah.....	92
TIVICAY PD.....	45	tri-lo-estarylla.....	92
tizanidine hcl.....	45	tri-lo-marzia.....	92

tri-lo-mili	92	TYMLOS	104
tri-lo-sprintec	92	TYPHIM VI	102
tri-mili	92		
tri-nymyo	92	U	
tri-sprintec	92	UBRELVY	27
tri-vylibra	92	UDENYCA	59
tri-vylibra lo	93	UDENYCA AUTOINJECTOR	59
triamcinolone acetonide	73,76	UDENYCA ONBODY	59
triamterene-hydrochlorothiazid	67	UNITHROID	95
TRIBENZOR	66	ursodiol	81
triderm	76	UZEDY	43
trientine hcl	79		
trifluoperazine hcl	40	V	
trifluridine	105	VAGIFEM	88
trihexyphenidyl hcl	39	valacyclovir	50
TRIKAFTA	110	VALCHLOR	28
triklo	69	VALCYTE	49
TRILEPTAL	18,19	valganciclovir hcl	49
trimethoprim	9	valproic acid	16
trimipramine maleate	23	valsartan	61
TRINTELLIX	23	valsartan-hydrochlorothiazide	66
TRIUMEQ	47	VALTOCO	17
TRIUMEQ PD	47	VALTREX	50
trivora-28	93	valtya	93
TROPHAMINE	79	vanadom	112
tropium chloride	85	vancomycin hcl	9
tropium chloride er	85	VANFLYTA	36
true comfort safety pen needle	57	VAQTA	102
TRULICITY	54	varenicline tartrate	7
TRUMENBA	101	VARIVAX VACCINE	102
TRUQAP	36	VASCEPA	69
TRUVADA	47	VASERETIC	66
TUKYSA	36	VASOTEC	61
TURALIO	36	VAXCHORA VACCINE	102
turqoz	93	velivet	93
TWINRIX	101	VELTASSA	80
TYBLUME	93	VENCLEXTA	36
TYBOST	48	VENCLEXTA STARTING PACK	36
tydemy	93	venlafaxine besylate er	23
TYGACIL	9	venlafaxine hcl	23
TYKERB	36	venlafaxine hcl er	23

VENTAVIS.....	110	VYNDAMAX.....	84
VENTOLIN HFA.....	109	VYNDAQEL.....	84
VEOZAH.....	72	VYTORIN.....	69
verapamil er.....	64	VYVANSE.....	71
verapamil er pm.....	64		
verapamil hcl.....	64	W	
verapamil sr.....	64	warfarin sodium.....	58
VERELAN.....	64	WELIREG.....	84
VERELAN PM.....	64	WELLBUTRIN SR.....	20
VERQUVO.....	70	WELLBUTRIN XL.....	20
VERSACLOZ.....	45	wera.....	93
VERZENIO.....	36	wixela inhub.....	111
vestura.....	93	wymzya fe.....	93
VFEND IV.....	26		
VIBERZI.....	80	X	
vienna.....	93	XALKORI.....	37
vigabatrin.....	17	XARELTO.....	58
vigadrone.....	17	XATMEP.....	100
VIGAFYDE.....	17	XCOPRI.....	19
VIGAMOX.....	105	XDEMVI.....	104
vigpoder.....	18	XENAZINE.....	72
VIIBRYD.....	23	XERMELO.....	80
vilazodone hcl.....	23	XGEVA.....	104
VIMPAT.....	19	XHANCE.....	108
viorele.....	93	XIFAXAN.....	82
VIRACEPT.....	49	XIGDUO XR.....	54,55
VIREAD.....	47	XOFLUZA.....	50
VITRAKVI.....	36	XOLAIR.....	98
VIVITROL.....	7	XOPENEX HFA.....	109
VIZIMPRO.....	36	XOSPATA.....	37
volnea.....	93	XPOVIO.....	30
VONJO.....	36	XTANDI.....	29
VORANIGO.....	36	xulane.....	93
voriconazole.....	26		
VOTRIENT.....	36	Y	
VOWST.....	81	yargesa.....	84
VPRIV.....	84	YASMIN 28.....	93
VRAYLAR.....	44	YAZ.....	93
VUMERITY.....	73	YF-VAX.....	102
vyfemla.....	93	YONSA.....	29
vylibra.....	93	yuvaferm.....	88

Z

zafemy.....	93	ZTALMY.....	18
zafirlukast.....	108	ZTLIDO.....	6
zaleplon.....	112	zumandimine.....	93
ZARONTIN.....	16	ZURZUVAE.....	20
ZEBUTAL.....	2	ZYDELIG.....	37
ZEJULA.....	37	ZYKADIA.....	37
ZELBORAF.....	37	ZYPREXA.....	44
zenatane.....	74	ZYPREXA RELPREVV.....	44
ZENPEP.....	84	ZYPREXA ZYDIS.....	44
zenzedi.....	71	ZYVOX.....	9
ZEPATIER.....	49		
ZESTORETIC.....	67		
ZESTRIL.....	61		
ZETIA.....	69		
ZIAC.....	67		
ZIAGEN.....	47		
zidovudine.....	47		
ZIEXTENZO.....	59		
ziprasidone hcl.....	44		
ziprasidone mesylate.....	44		
ZIRABEV.....	37		
ZITHROMAX.....	13		
ZITHROMAX TRI-PAK.....	13		
ZOCOR.....	68		
ZOKINVY.....	84		
ZOLINZA.....	30		
zolmitriptan odt.....	27		
ZOLOFT.....	23		
zolpidem tartrate.....	112		
zolpidem tartrate er.....	112		
ZONALON.....	76		
ZONEGRAN.....	19		
ZONISADE.....	19		
zonisamide.....	19		
ZONTIVITY.....	58		
ZORTRESS.....	100		
ZOSYN.....	12		
zovia 1-35.....	93		
ZOVIRAX.....	50		

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